

# THE CHILD-YOUTH GYNECOLOGY CONSULTATION IN PRIMARY CARE AND THE REPRODUCTIVE HEALTH OF ADOLESCENTS

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## ABSTRACT:

*A descriptive and cross-sectional study of 212 adolescents from 11 to 19 years of age who were treated at the Municipal Infant-Juvenile Gynecology clinic in Playa was carried out, since its creation, the 1st. September 1996 to 1st. August 2000. The adolescents who made their medical records according to the official model established for these consultations were taken as a study object, which includes, among other aspects: reason for consultation, some characteristics of sexuality, contraception, etc. Personal interview and participatory communication with them were used. The main reasons for consultation were contraceptive orientation, cervicitis and leucorrhoea, and the request for menstrual regulation or termination of pregnancy. There was precocity in the beginning of sexual relations, mainly due to pressure from the partner and without contraceptive protection or privacy. The most widely used contraceptive method was the oral hormonal method and most were maintained with contraception, with a low dropout rate. Most of the patients cured cervico-vaginal sepsis. There was family participation in the consultations in most cases. The percentage and the binomial test for comparison of proportions were used as the statistical method.*

**Keywords:** PRIMARY HEALTH CARE; ADOLESCENCE; REPRODUCTIVE MEDICINE / education.

## INTRODUCTION

Child-Youth Gynecology, which deals with gynecological care for girls of pediatric age and adolescents up to the 19 years old, arose from the need to provide specific care that would help group all gynecological disorders in girls and adolescents, and the importance and / or need for a specialized doctor at this stage of life.

In Cuba, The Infant-Juvenile Section of the Cuban Society of Obstetrics and Gynecology was created in 1995. The approval in July 1996 of the "General Guidelines for the development of Infant-Juvenile Gynecology" subordinated to the National Maternal and Child Directorate, they laid the definitive foundations for takeoff and incorporation of our country into the development of this specialty.

As reported by the Pan American Health Organization, currently, more than half of the world's inhabitants are

under the age of 25 and the adolescent population from 10 to 19 will be in 2020 over 1.2 billion inhabitants.

If we add to this that the demographers of our country have identified a process of rejuvenation of fertility and point out that Cuban women are having children at younger ages<sup>4</sup> -especially in the group between 15 and 19 years old-, we can consider that adolescent fertility, raised in its most general aspects, constitutes an important health problem on which action must be taken.<sup>4</sup> This aspect acquires its maximum dimension when we approach it from the concept of reproductive health, of recent use in medical work.

Reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of disease or ailments, in all aspects related to the reproductive system, its functions and processes, so that people are able to lead a safe and satisfying sex life and have access to safe, effective, sustainable and acceptable methods of fertility regulation, emerged as a concept in 1994, at the sessions of the International Conference on Population and Development in Cairo, although its gestation and evolution occurred some time ago.

If we consider that adolescence, with all its characteristics, constitutes a problem associated with today's world, that its recognition and demographic, cultural, psychosocial and economic importance implies the need to devote more and more attention to it<sup>7,8</sup> as it is a period in which the individual faces unusual situations capable of definitively affecting his life, his personality and his orientation, and in which a new stage of learning begins,<sup>9</sup> the study of reproductive health at this stage - because it is such a complex and transcendental age - it is ideal to be able to exercise specific actions in its most vulnerable aspects. The comprehensiveness of the health actions that we can exercise, the systematic and continuous work and the communication that we are able to establish in consultation with adolescent girls, should play an essential role in their informative and formative development.<sup>10</sup> Special emphasis must be placed on the prevention, mainly of pregnancy, abortion, infections of the reproductive system, and contraception, involving the family as something vital to face these problems.

Taking into account the aforementioned, we wanted to present our work experiences with adolescent girls and

some results obtained in the Child-Youth Gynecology consultation in primary care, in its almost 4 years of existence, linked to some aspects of their reproductive health, which is as important in the promotion and prevention of Health, as in the present and future quality of life of these patients.

### SPECIFIC OBJECTIVES

- Identify the main reasons for consultation.
- Determine some characteristics of sexuality.
- Specify some characteristics related to contraception.
- Determine the participation of the family of these patients and their family doctor in these consultations.

### METHODS

A descriptive and cross-sectional study of 212 adolescents from 11 to 19 years of age who were treated at the Child-Youth Gynecology Consultation that is carried out at the municipal level in Playa, was carried out from their creation.

This group was taken as an object of study and their clinical history was prepared according to the official model established for these consultations (annex), which includes, among other aspects, the reason for the consultation, characteristics of sexuality, in which we abound on contraceptive protection in sexual relations, privacy in them, time elapsed between relations and the first sexual contact and main motivations for initiating sexual relations. We also collected data on contraception; if they knew of any contraceptive method to assess in the medical history the methods used, as well as the time they had been using them and then abandoned it.

In cases with leucorrhoea and cervicitis, we evaluate the diagnosis and evolution of these entities with conventional treatments.

We also consider in the medical history the participation of the family and their doctor in the consultation. With all these elements, each of the proposed objectives was released.

The individual interview with each patient allowed us to identify the main personal aspects that would characterize

our work according to the proposed objectives and, despite family participation, there was always a time of privacy exclusively with the patient.

After preparing the clinical history and listening to all the concerns raised, we needed self-esteem, expectations and the level of information, they were provided with extensive verbal and illustrated information that was easy to understand and assimilate about anatomical and physiological aspects of the reproductive system, as well as sexually transmitted infections, abortion and other topics of interest related to adolescent sexual and reproductive health. They were also allowed to see and touch the recognition material, the contraceptive methods themselves, as another means of teaching.

At the end, we met with the group of teenagers and relatives; we use the methodology of Participatory Communication with prior knowledge of learning needs and with the aim of achieving proper orientation and treatment according to the reason for consultation. In subsequent consultations we evaluate progress and effectiveness: permanence in the consultation, adequate monitoring of infectious processes and permanence of contraceptive use.

The binomial test was used as a statistical method for the comparison of proportions in the evaluation of cases with leucorrhea and cervicitis, which tests whether the

proportion of cured is significantly different from the proportion of uncured, taking into account the total.

The data were collected from the medical records, were counted by the method of sticks and expressed in percentages, which are presented in figures for better understanding.

**RESULTS**

As can be seen in Figure 1, the main reasons for consultation were the contraceptive orientation for 48.5%, followed by leucorrhea and cervicitis for 40.0%, and the request for interruption of pregnancy or menstrual regulation (22.1%). We want to highlight that in many cases there was more than one reason for consultation if we consider their total sum.

some aspects that we consider of interest in relation to sexuality and reproductive health of the patients attended. It can be seen that when arriving at the consultation, 87.3% did not protect themselves in sexual relations; 86.4% did not have privacy or were afraid of being discovered; the majority had the first sexual contact during the first month of relationships with their partner for 68.9% and, in the motivation to have sex, the pressure of their partner (35.8%) or to equalize their friendships predominated (29.7%), aspect where the gender factor is present.

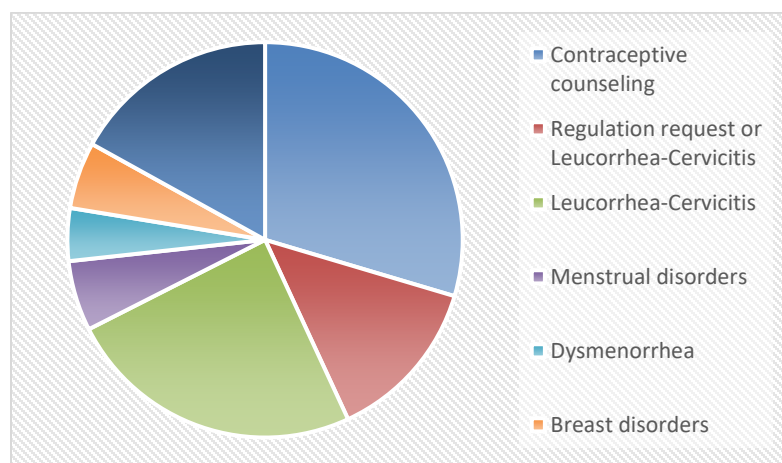


Figure. 1. Main reasons for consultation.

we see that most of the patients did not know the method that they were going to use for 74.0%. In this sense, the hormonal method predominated for 49.3% and within this, the oral method, with 45 patients for 30%. We want to highlight that if we look at figure 1, 103 patients came to request a contraceptive method and, nevertheless, we managed to have 150 patients with contraceptive methods out of all the stories reviewed. We also consider it important that the majority of patients maintain the indicated method and that only 10.7% abandon them; of these, 11 (7.3%) due to their side effects.

Figure 2 refers to cases with leucorrhoea and cervicitis that represent 40% of the reason for consultation, within this 55.2% with leucorrhoea and 44.8%, cervicitis. In the cases with leucorrhoea, vaginal Gardnerella predominated with 19 cases (40.4%), 11 patients with genital condyloma and 2 with secondary syphilis; all were treated and cured. Of the cervicitis patients, 1 referred to neck pathology and turned out to be a CIN II, which is still being followed up. The binomial test for comparison of proportions was used and the proportion of patients cured with leucorrhoea and cervicitis was significantly different in relation to the number of cases diagnosed. we see that the majority of the patients attended the consultation with the mother for 58.9%. The participation of the couple was poor, only 4.7%, as well as the father 2.3%. There was also no great participation of the family doctor, where only 16.5% participated, although most of the cases were referred by them.

## DISCUSSION

The analysis of the different exposed, evidences that the adolescents use our services, fundamentally, by events related to early sexuality and its consequences, factors that are important to consider as a vulnerable group of reproductive health risk.

When observing the main reasons for consultation, we see that contraceptive guidance, the request for termination of

pregnancy or menstrual regulation, and cases with cervicitis and leukorrhea, are the main causes that lead this group to consultation. If we consider that reproductive health is articulated around 3 fundamental thematic axes - contraception, abortion and new conception techniques - according to Scavone<sup>12</sup> and that women who undergo abortion are undermining their own reproductive health, the importance of these consultations is understood, by providing them in addition to an adequate one, conscious and directed sexual education, specialized, differentiated care and, in most cases, multidisciplinary. correctly argues that the work in these consultations is related to practically all the main components of reproductive health.

It has been pointed out that the accessibility to good quality health services and with adequate supplies, significantly influences the sexual and reproductive health of its users.

As is known, among the changes that occur in adolescence are the awakening of sexuality and the increase in sexual wishes and the special feelings that accompany them. For adolescents, this awakening of sexuality and how to integrate these feelings, their behavior and their relationships with their parents and adults with a minimum of challenge is a significant challenge of conflict and anxiety.<sup>15</sup> As we saw in the results, there are unfavorable consequences for the normal development and development of sexuality, such as non-protection for sexual relationships, and lack of privacy, which can be frustrating experiences and may be causes of future sexual dysfunction. Also the fact that the main motivation for sexual relations was, for the majority, the pressure of their partner, as well as for being equal to their friends, reflects that the gender factor and their focus on social sex / gender relations are present, since the male is stimulated veiled early sexual as values that are transmitted generationally and a participatory sexual education is necessary, 16-18 which we always did with these cases.

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